

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF NEW MEXICO

CARMELITA M. DESIDERIO, as
Personal Representative of the Estate of
PHILLIP R. CURLEY, deceased

Plaintiff,

V.

No. 1:23-cv-00057-SCY-KRS

UNITED STATES OF AMERICA,
JANELLE D. JONES, M.D., and
JOY G. HARRISON, M.D.,

Defendants.

AFFIDAVIT OF SERVICE ON THE UNITED STATES ATTORNEY
FOR THE DISTRICT OF NEW MEXICO ON BEHALF OF
THE UNITED STATES OF AMERICA

STATE OF NEW MEXICO)
) ss.
COUNTY OF MCKINLEY)

I, Sarah Benally, upon oath depose and state:

1. I am resident of the State of New Mexico and over eighteen (18) years of age.
2. I served a Complaint to Recover Damages for the Wrongful Death Resulting from Medical Negligence Arising Under The Federal Tort Claims Act, Summons, and Notice of Judge Assignment, via pre-paid postage, certified mail, return receipt requested, on the United States Attorney for the District of New Mexico via the Civil Process Clerk in Albuquerque, New Mexico on February 13, 2023 [See Return Receipt attached hereto].


Sarah Benally, Affiant

SUBSCRIBED AND SWORN to before me this 16 day of February, 2023 by
SARAH BENALLY.



Notary Public

My Commission Expires:

09/17/26

**State of New Mexico
Notary Public
Christina R Martinez
Commission Number 1123241
Expiration Date 9/17/ 2026**

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US Attorney for the District of NM Southwest Regional Office
 Street & Apt. No. or PO Box No. *PO Box 607*
 City, State, ZIP+4 *Albuquerque, NM 87103*

PS Form 3800, July 2014 See Reverse for Instructions

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: Civil Process Clerk U.S. Attorney for the District of NM Southwest Regional Office PO Box 607 Albuquerque, NM 87103</p>  <p>9590 9402 4590 8278 3279 39</p> <p>2. Article Number (Transfer from service label) 7014 3490 0001 7561 8835</p>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JOHN TOWN</i> & Date of Delivery <i>2/13/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">FEB 13 2023 ALBUQUERQUE NM 87103</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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